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CONFIRMATION NO. 5363

<b>SERIAL NUMBER</b> 10/525,315	<b>FILING OR 371(c) DATE</b> 02/23/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> X-15968
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/25860 09/12/2003  
 which claims benefit of 60/411,625 09/18/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

25885

**TITLE**

Histamine h3 receptor antagonists, preparation and therapeutic uses

<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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